

# Recommended Strategies to Improve the Oral Health of Washington Residents

Presented by  
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# Background

## Board of Health Addresses Oral Health

- ▶ June 2012 – Briefing – Oral Health Risk Factors and Systemic Connections
- ▶ October 2012 – Briefing – Oral Health in Washington State
- ▶ March 2013 – Board approves implementation of the Oral Health Project

# Oral Health Project

## ▶ Goal

- Create a Washington State Board of Health set of strategies to improve the oral health of Washington State residents

## ▶ Purpose:

- To promote strategies that improve the oral health of Washington residents
- To guide Washington State Board of Health (SBOH) rule and policy development activity

# Rationale

Oral diseases are costly, painful, debilitating, and widespread in Washington State

- ▶ Dental disease is the most common chronic disease of childhood (NHNES)
  - Nearly 40% of kindergarteners in WA have had tooth decay
  - 77% of WA's Native American kindergarteners have had tooth decay – Washington State Smile Survey 2010
- ▶ Nationally:
  - More than 51 million school hours are lost each year to dental-related issues.
  - Adults lose more than 164 million hours of work due to dental health issues – Report of the Surgeon General, 2000

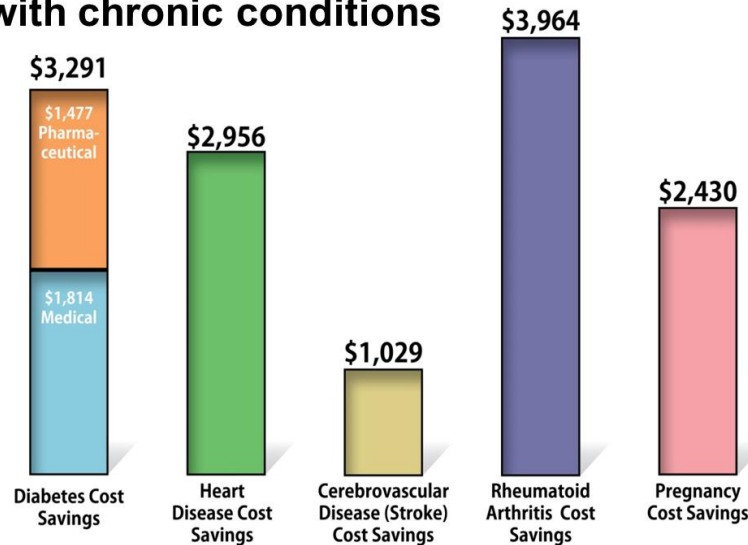
# Rationale

- ▶ Poor oral health is costly for Washington residents:
  - Dental pain is the number one reason uninsured adults visited Washington state emergency rooms
  - Dental-related Emergency room charges were over \$36 million in an 18 month period – Washington State Hospital Association, 2010
- ▶ Oral infections are also associated with systemic conditions such as diabetes, heart disease, and aspiration pneumonia

# Rationale

- Strategies that prevent and treat dental disease improve oral health and save money

**Periodontal treatment reduces medical costs for people with chronic conditions**



Study Conducted by University of Pennsylvania,  
School of Dental Medicine for United Concordia  
Dental

# Rationale

- ▶ In Washington, adults aged 55 years and older rank higher than the national average when it comes to dental insurance
  - However, 20% of adults ages 55 and older reported having a dental issue that needed to be addressed in the next month
  - Nearly 24% of seniors with an annual income under \$25,000 have not seen a dentist in five years or more –  
2012 Older Adult Oral Health Survey, Washington Dental Service Foundation
- ▶ Older adults are particularly at-risk due to taking multiple medications that cause dry mouth and can lead to tooth decay

# Oral Health Project –Methods

- ▶ Reviewed literature
- ▶ Drafted strategic recommendations
- ▶ Shared proposed strategies with State expert review panel – updated recommendations
- ▶ Consulted with National oral health expert advisory group – updated recommendations



# Strategic Recommendations

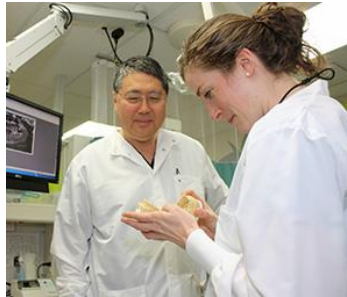
## Topic Areas

- ▶ Health Systems
- ▶ Community Water Fluoridation
- ▶ Sealant Programs
- ▶ Interprofessional Collaboration
- ▶ Oral Health Literacy
- ▶ Surveillance
- ▶ Work Force

(not ranked in order of importance)

# Health Systems

- ▶ Cost-effective programs allow more people to get the services they need at affordable rates



- ▶ **Recommendation:** Support policies and programs that improve oral health for Washington state residents

# Health Systems

## Programs working for Washington:

- ▶ Adult Medicaid coverage restored
  - Over 750,000 adults will gain dental coverage in 2014
- ▶ Access to Baby and Child Dentistry (ABCD)
  - Connects Medicaid enrolled children with dental services
  - The program now operates in all 39 Washington counties
  - Percentage of low-income children accessing dental care has more than doubled since 1997– to 51%
- ▶ University of Washington Regional Initiatives in Dental Education (RIDE)
  - Over half of the graduates now work in dental underserved regions of the state

# Health Systems

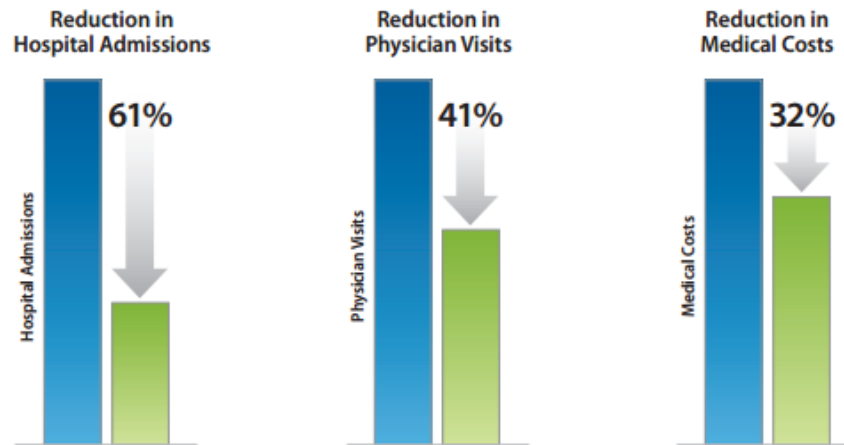
## Opportunities remain:

- ▶ Evaluate methods to ensure adequate access to treatment and prevention services with particular attention to:
  - Pregnant women
    - Over 50% of women born in Washington state 2010 were on Medicaid
    - Mothers with healthy teeth are less likely to pass cavity causing bacteria to their children
  - Low-income populations
    - With new coverage available to adults there will be an increasing demand for services

# Health Systems

## Opportunities remain:

- Diabetes and oral health
  - Collaborate to improve outcomes for people with diabetes



Jeffcoat M., et. al, Periodontal Therapy Reduces Hospitalization and Medical Costs in Diabetes, Abstract, American Association of Dental Research, March 23, 2012

# Community Water Fluoridation

- ▶ Access to community water fluoridation benefits the health of everyone: children, adults, and seniors



- ▶ **Recommendation:** Expand and maintain access to community water fluoridation

# Community Water Fluoridation

- ▶ CDC has recognized water fluoridation as one of 10 great public health achievements of the 20th century
- ▶ 65% of Washington's residents on public water supplies receive optimally fluoridated water as compared to 74% nationally
- ▶ Washington ranks 35th in the nation for communities receiving fluoridated water

# Community Water Fluoridation

- ▶ For water systems serving 20,000 people or more, every \$1 invested in fluoridation saves \$38 in dental treatment costs
- ▶ Water fluoridation reduces tooth decay by about 25 percent over a person's lifetime
- ▶ Community water fluoridation is safe. After 65 years in service and hundreds of studies it continues show its safety
- ▶ Water fluoridation reduces the disparities in tooth decay rates that exist by race, ethnicity and income



# Sealant Programs

- ▶ Children with fewer cavities are healthier and better able to learn, grow, and thrive



- ▶ **Recommendation:** Provide school-age children with access to dental sealants to prevent cavities

# Sealant Programs

- ▶ Dental sealants are placed on chewing surfaces to create a barrier between teeth and decay-causing bacteria
- ▶ The CDC's Task Force on Community Preventive Services (2002) found that school sealant programs are highly effective at preventing tooth decay
- ▶ According to the Surgeon General's Report on Oral Health (2000), sealants have been shown to reduce decay by more than 70% and are most cost-effective when provided to children who are at highest risk for tooth decay
- ▶ In Washington, the Smile Survey found that 51 percent of third grade children have received sealants

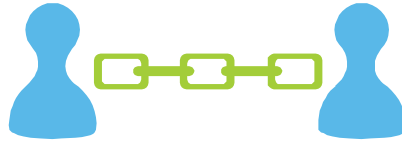
# Interprofessional Collaboration:

- ▶ Collaboration between health professions and systems improves patient care



- ▶ **Recommendation:** Incorporate oral health improvement strategies across healthcare professions and systems to improve oral health knowledge and patient care

# Interprofessional Collaboration:



- ▶ Dental diseases are highly prevalent, yet largely preventable
- ▶ Clear links exist between oral health and chronic conditions, including diabetes and cardiovascular disease
- ▶ Interprofessional Collaboration is supported by research from the Institute of Medicine to improve patient care

# Interprofessional Collaboration:

- ▶ Develops professionals who work together towards a common goal of optimizing patient care
- ▶ Fosters structures that support collaboration

Trained collaborative  
Dental, Medical, &  
Allied Professionals



Improved  
Understanding



A focus on high  
risk groups



Diabetes



Pregnancy



HIV/AIDS



Pneumonia

Improved outcomes &  
reduced treatment  
costs for Washington  
residents



# Interprofessional Collaboration:

- ▶ Medical providers have regular consistent contact with patients
  - Already doing prevention and looking in the mouth
  - Well-positioned to address oral health
- ▶ The National Interprofessional Initiative on Oral Health 2012 Report compared 4 states
  - Two-thirds of Washington programs included some oral health material



Physician Curriculum by State	Includes Oral Health
Colorado	40%
New York	29%
Virginia	62%
Washington	67%

# Oral Health Literacy

- ▶ Clear and accessible oral health information empowers people to make good choices for themselves and their families

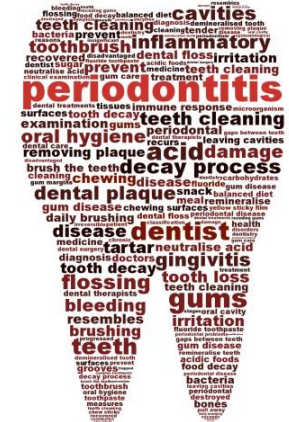


- ▶ **Recommendation:** Improve the capacity of people to obtain, understand, and use health information in order to increase their acceptance and adoption of effective oral health focused preventive practices



# Oral Health Literacy

- ▶ Oral health literacy represents the capacity of people (individuals and policy makers) to obtain, understand, and use health information in order to make correct decisions – US National Oral Health Alliance
  - In 2006, only 12% of the US population had proficient health literacy
  - People with low health literacy have adverse health outcomes
  - Parental health literacy impacts the health outcomes of their children





# Surveillance

- ▶ Understanding the burden of oral disease for Washington residents allows programs to identify needs, work to achieve the biggest impact and measure progress and success



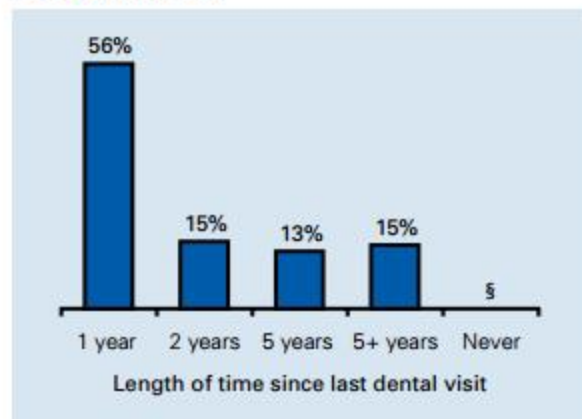
- ▶ **Recommendation:** Monitor trends in oral health indicators to ensure policies and programs are advancing the oral health of Washington residents, including those most at risk for poor oral health outcomes

# Surveillance

Sustain Data-based monitoring and decision making tools, like:

► The Impact of Oral Disease on the Lives of Washingtonians

**Figure 30:** Dental visits among adult smokers, 2004 WA BRFSS.



*Note: § - Numbers too small to report.*

- Report provides an overview of the burden of dental diseases on all Washingtonians
- Compares WA to nationally comparable objectives
- Includes data from the Behavioral Risk Factor Surveillance System (BRFSS) and the Washington State Oral Disease Surveillance System
- Published by the Department of Health, Oral Health Program

# Surveillance

Maintain the Washington State Smile Survey for pre-school and elementary school children

▶ Washington State Smile Survey:



- Assesses the oral health of school children every five years
- Provides benchmarks to compare with the Centers for Disease Control's Health People 2020 goals for oral health
- Completed in partnership with:
  - Washington State Department of Health
  - Washington Dental Service Foundation
  - Washington State Department of Early Learning
  - Superintendent of Public Instruction

# Surveillance

- ▶ Incorporate oral health measures in surveillance tools, BRFSS, Pregnancy Risk Assessment Management (PRAMS), etc.
- ▶ Develop and implement surveillance systems for vulnerable populations, e.g. Medicaid
- ▶ Maximize community data sources:
  - Dental Workforce Report, Washington State Dental Association, 2012
  - Oral Health Senior Survey, Washington Dental Services Foundation, 2012
  - Emergency Room Use Report, Washington State Hospital Association, 2010

# Work Force

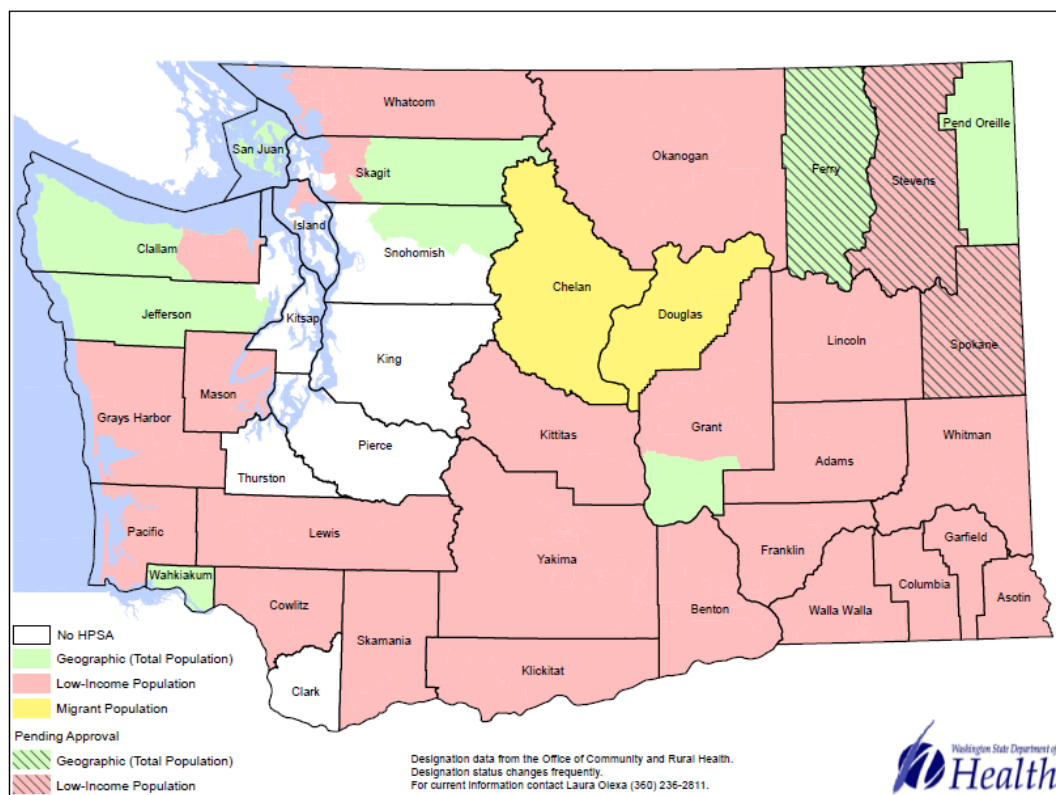
- ▶ Health disparities decrease when all Washington residents are able to access dental care



- ▶ **Recommendation:** Develop health professional policies and programs which better serve the dental needs of underserved populations

# Work Force

- ▶ Federally Designated Health Professional Shortage Areas for Dental Care, July 2013



# Work Force

- ▶ Find Opportunities to develop a workforce that provides care to the dental underserved regions in our state
  - Partner with academic institutions
  - Recruit professionals:
    - From communities that face the highest incidence of tooth decay
    - To serve populations that currently lack access to dental services, including:
      - Rural communities
      - Low-Income families
      - Communities of color

# Summary

## SBOH Strategic Recommendations on Oral Health:

- ▶ Improve Health Systems
- ▶ Expand Community Water Fluoridation
- ▶ Promote Sealant Programs
- ▶ Build Interprofessional Collaboration
- ▶ Improve Oral Health Literacy
- ▶ Sustain Surveillance programs
- ▶ Develop Work Force

Questions?